



APPLICATION FOR COSMETOLOGY LICENSE BY RECIPROCITY

State Form 43493 (R7 / 6-03)

Approved by State Board of Accounts 1993

* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.

Indiana Professional Licensing Agency
State Board of Cosmetology Examiners
302 W. Washington St., Rm. E034
Indianapolis, Indiana 46204
Telephone: (317) 232-2980

SEND NO FEE

INSTRUCTIONS

Complete application and submit with the following:

1. A letter of certification of your license, completed by the licensing board of the state where you are currently licensed. This certification must carry the state seal.
2. Attach a 3" x 5" original photo of applicant to lower reverse side of this form.

Indiana requirements for reciprocity:

- To be licensed as a cosmetologist: 1500 hours of instruction in a cosmetology school. NOTE: If total credit hours earned is fewer than 1500 hours, be advised that, pursuant to IC 25-8-4-2, the Board may approve a combination of education hours plus actual licensed practice experience. One (1) year of licensed practice experience is equal to one hundred (100) hours of education to an applicant who has completed a minimum of one thousand (1,000) hours of education. If you intend to claim work experience credit, you must include notarized affidavits from each salon indicating dates of employment, manager's name and license number, salon name and salon business address. The affidavit must be signed by the salon manager or owner.
- To be licensed as an esthetician: 700 hours of instruction in a cosmetology school or a combination of hours of instruction and experience. You must pass an examination on Indiana statutes and rules pertaining to esthetics before being licensed. An examination application will be forwarded to you upon the approval of this reciprocity application by the Indiana State Board of Cosmetology Examiners.
- To be licensed as a manicurist: 300 hours of instruction in a cosmetology school, if licensed prior to June 17, 2002. 450 hours of instruction in a cosmetology school, if licensed after June 16, 2002. (You must pass a written examination.)
- To be licensed as an electrologist: 300 hours of instruction in a cosmetology school AND you must hold a current Indiana Cosmetology license or a current Indiana Esthetician license. In addition, you must pass an examination on Indiana statutes and rules pertaining to electrology before being licensed. An examination application will be forwarded to you upon the approval of this reciprocity application by the Indiana State Board of Cosmetology Examiners.

Successful completion of written and practical examinations at the state level is required.

PRINT OR TYPE

PART A: IDENTIFYING INFORMATION

Check one:

☐ Cosmetologist ☐ Esthetician ☐ Manicurist ☐ Electrologist

| | | | | | | |
|---|----------|--------|----------------------------------|-----|-----------|-----------------------|
| Name (first) | | M.I. | Name (last) | | | |
| Name (maiden, if applicable) | | | * Social Security number - - | | | |
| Permanent mailing address (number and street) | | | City | | | |
| State | ZIP code | County | Date of birth (month, day, year) | Age | Area code | Telephone number - |

PART B: PRELIMINARY EDUCATION

| | | | | | | | | | | | | | | |
|---|---|-----------------------------------|---|---|---|---|---|---|---|----|----|----|---|-------------------------|
| Circle the number of years completed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Received GED? <input type="checkbox"/> No <input type="checkbox"/> Yes | Date (month, day, year) |
| Name of high school | | Address of high school | | | | | | | | | | | | |
| Dates attended (from - to; month, year) | | Date graduated (month, day, year) | | | | | | | | | | | | |

PART C: RECORD OF LICENSURE

Complete the information below concerning your license to practice the profession named in Part A of this application.

| | | | |
|---------------------------|---------------------------|----------------------------|-----------------------------|
| State of original license | Title of original license | Number of original license | Date of issue (month, year) |
| State of current license | Title of current license | Number of current license | Date of issue (month, year) |

Over

PART D: RECORD OF TRAINING AND GRADES

| | | | |
|--|---------------------|---|--|
| Name of school of cosmetology | | | Dates attended (<i>from - to; month, year</i>) |
| Address of school (<i>street, city, state, ZIP code</i>) | | | Total credit hours earned |
| | | | Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Final practical grade | Final written grade | Date of final examination (<i>month, day, year</i>) | Date of graduation (<i>month, day, year</i>) |

PART E: STATEMENT

I do hereby certify and declare that I have not been convicted of a crime that has a direct bearing on my ability to competently perform the acts authorized by the license nor have I been convicted of an act for which I could be disciplined under I.C. 25-8-14; and that I will abide by and obey all provisions of the law and rules adopted by the board.

I hereby certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be issued.

| | |
|------------------------|---|
| Signature of applicant | Date signed (<i>month, day, year</i>) |
|------------------------|---|

PART F: NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.

| | | |
|---|--|-------------------------|
| Signature of applicant | Signature of Notary Public | |
| Printed or typed name of applicant | Printed or typed name of Notary Public | |
| Date subscribed and sworn to (<i>Notary Public</i>) | County of residence | Date commission expires |

ATTACH PHOTO HERE
3" X 5" OR LARGER